

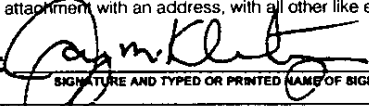


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90059 033 ***150.00

DOCUMENT # P98000032496 1. Entity Name JAY M. KLITZNER, P.A.					
Principal Place of Business 300 NW 82ND AVE SUITE 415 PLANTATION, FL 33324			Mailing Address 300 NW 82ND AVE SUITE 415 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 133 NW 100th AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State Plantation FLORIDA		City & State		4. FEI Number 65-0826695	
Zip 33324		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLITZNER, JAY M 300 NW. 82ND AVE. SUITE 415 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name JAY M. KLITZNER Street Address (P.O. Box Number is Not Acceptable) 133 NW 100th AVE City Plantation FL Zip Code 33324		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1-15-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLITZNER, JAY M <input type="checkbox"/> Delete 300 NW 82ND AVE. SUITE 415 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLITZNER, JAY M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 133 NW 100th AVE Plantation, FLORIDA 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1-15-08 954 423 2562 <small>Date Daytime Phone #</small>		